

Medicare D and Los Angeles County DMH: Principles and FAQs

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Intro:

1. Medicare Part D will initially involve approximately 9500 DMH clients on January 1, 2006.
2. 3500 will be Medicare only, and 6000 will be Medi/Medi.
3. The 6000 Medi/Medi will default into one of 9 Prescription Drug Plans (PDPs).
4. DMH will be responsible for providing the best medication services possible within the context of these PDP, based upon specific principles.
5. Providers and clients will have many questions about how the PDPs will affect their treatment, and the answers will be based upon the principles.

Medicare Part D principles:

1. DMH requires our contracted pharmacies to contract with all Medi/Medi default PDPs in the future.
2. DMH ensures that prescribers have access to all PDP formularies.
3. DMH does not fund medications for beneficiaries of PDPs.
4. DMH instructs prescribers to prescribe medication available on a client's particular Medicare D PDP unless such prescribing would cause inferior treatment, in which case an appeal for "exception" is pursued.
5. DMH constructs generic appeals letters. (Art to develop)
6. DMH prescribers assist clients to identify information resources and services that can help them to secure the best PDP. (COI to compile these)

FAQs:

1. Does DMH fund medications that DMH clinicians believe are indicated when a Medicare client's PDP doesn't cover those medications? **Answer:** DMH does not fund these medications.
2. Does DMH fund psychiatric medication for clients who are enrolled in Medicare HMOs? **Answer:** No.
3. What training is necessary for prescribers regarding Medicare D? **Answer:** How to read formularies, who to refer clients to for PDP selection counseling, how to complete appeals, and how to inform other general medical providers about meds. (Training Bureau to develop curriculum)
4. What changes in pharmacologic practice will be necessary? **Answer:** DMH prescribers should review the formulary available from a client's PDP and, if clinically appropriate, select medications from that formulary. If not, initiate appeal.
5. Do DMH prescribers consider newer antipsychotics differently for DMH clients with PDPs? **Answer:** At this point, all medications are managed based on the same principles.

6. What prescription procedure changes are necessary? **Answer:** None. As pharmacies transition to contracts with Medicare D, DMH will provide hardcopy prescription pads on an interim basis for those whose PDPs fall outside of default PDPs.
7. How do prescribers consult with other DMH staff regarding prudent PDP selection? **Answer:** DMH prescribers should inform the appropriate team members of the medications necessary for proper care of that client.
8. Can a DMH prescriber recommend a particular PDP? **Answer:** No. A DMH prescriber can provide information, discuss options, but not recommend a particular PDP.
9. How should DMH prescribers counsel clients who wish to change PDPs? **Answer:** DMH prescribers should encourage clients to first discuss potential PDP changes with their other general medical providers before switching PDPs.
10. If a DMH client who is eligible for Medicare D does not sign up or drops out of Medicare D, how should clinicians change their prescribing practice for that client? **Answer:** The DMH prescriber should prescribe according to the DMH uninsured pharmacy budget, as those the DMH uninsured pharmacy budget pays for medications for all DMH clients who do not have another payor and are not required to self-pay.